Rhode Island Department of Administration Division of Taxation-Child Support Enforcement 77 Dorrance Street, Providence, RI 02903 Hours: Mon-Fri, 8:30 a.m.-4:00 p.m.

FAMILY COURT STATEMENT OF ASSETS LIABILITIES-INCOME-EXPENSES

Earnings

Telephone (401) 222-2847

Plaintiff	Gross Weekly			Net
Name (print) Defendant	Name (print) Defendant Bi-weekly			
	Monthly			
Action – File No.				
e filed with complaints on divorce, bed and	l board, miscellaneous c	omplaints and whe	en an answer or modificatio	n is filed.
GROSS INCOME	32	INCO	ME DEDUCTIONS	
Salary, wages, commissions, bonus, overtime (attach list of amounts)		12. Federal inco	ome tax	
Pensions or retirement	ns or retirement 13. State income tax		e tax	
Social security		14. Social security		
Disability/unemployment		15. State disability (TDI)		
Public assistance		16. Medical insurance		
Child/spousal support		17. Life insurance		
Dividends and interest		18. Union and other dues		
Rents (receipts less cash expenses, attach		19. Retirement a	and pension	
schedule)			•	
Contributions to household		20. Savings plan		
Income from other sources (receipts less		21. Other deduc		
total cash expenses, attach schedule)				
TOTAL GROSS INCOME	30	1,3		
		12		
		22. TOTAL DE	DUCTIONS	
	St. 1	22. TOTAL DE	DOCTIONS	
			K SAA TH BERTSONTHOUSE Y NO.	5
Withholding information: Number of even	3	23. NET INCOM	ME (11-22)	
Withholding information: Number of exen Marital status _ Medical insurance	3	23. NET INCOM	ME (11-22)	
Marital status _	nptions claimed	23. NET INCOM	ME (11-22)	
Marital status _ Medical insurance	nptions claimed	23. NET INCOL	ME (11-22)	
Marital status _ Medical insurance Dental insurance	nptions claimed	23. NET INCOM Plan Plan	ME (11-22)	
Medical insurance Dental insurance Life insurance	nptions claimed	Plan Plan Plan	ME (11-22)	
Marital status _ Medical insurance Dental insurance Life insurance Life/owner Life/face amount PROPERTY UNDER APPLICANT'S CONTROL IN	nptions claimed	Plan Plan Plan Beneficiary	ME (11-22)	PRESENT VALUE
Marital status Medical insurance Dental insurance Life insurance Life/owner Life/face amount PROPERTY UNDER APPLICANT'S CONTROL IN A. Cash	nptions claimed	Plan Plan Plan Beneficiary Life/cash surrence	ME (11-22) der value HIGHEST BALANCE	
Medical insurance Dental insurance Life insurance Life/owner Life/face amount PROPERTY UNDER APPLICANT'S CONTROL IN A. Cash B. Checking accounts	nptions claimed	Plan Plan Plan Beneficiary Life/cash surrence	ME (11-22) der value HIGHEST BALANCE	
Medical insurance Dental insurance Life insurance Life/owner Life/face amount PROPERTY UNDER APPLICANT'S CONTROL IN A. Cash B. Checking accounts C. Savings accounts	nptions claimed	Plan Plan Plan Beneficiary Life/cash surrence	ME (11-22) der value HIGHEST BALANCE	
Medical insurance Dental insurance Life insurance Life/owner Life/face amount PROPERTY UNDER APPLICANT'S CONTROL IN A. Cash B. Checking accounts C. Savings accounts D. Credit unions	nptions claimed	Plan Plan Plan Beneficiary Life/cash surrence	ME (11-22) der value HIGHEST BALANCE	
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Medical insurance Dental insurance Life insurance Life/owner Life/face amount PROPERTY UNDER APPLICANT'S CONTROL IN A. Cash B. Checking accounts C. Savings accounts D. Credit unions E. Other accounts A. Stocks/bonds B. Tangible property	nptions claimed	Plan Plan Plan Beneficiary Life/cash surrence	ME (11-22) der value HIGHEST BALANCE	
Medical insurance Dental insurance Life insurance Life/owner Life/face amount PROPERTY UNDER APPLICANT'S CONTROL IN A. Cash B. Checking accounts C. Savings accounts D. Credit unions E. Other accounts A. Stocks/bonds	nptions claimed	Plan Plan Plan Beneficiary Life/cash surrence	ME (11-22) der value HIGHEST BALANCE	
Medical insurance Dental insurance Life insurance Life/owner Life/face amount PROPERTY UNDER APPLICANT'S CONTROL IN A. Cash B. Checking accounts C. Savings accounts D. Credit unions E. Other accounts A. Stocks/bonds B. Tangible property	nptions claimed	Plan Plan Plan Beneficiary Life/cash surrence	ME (11-22) der value HIGHEST BALANCE LAST 6 MONTHS	

SHOW TOTALS, ATTACH SUPPORTING DETAIL, AND KEEP CURRENT UP TO THE COURT DATE

(Attach schedules for 26A - E and 27 A - D)

Rhode Island Department of Administration FAMILY COURT

Division of Taxation-Child Support Enforcement 77 Dorrance Street, Providence, RI 02903

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STATEMENT OF ASSETS – LIABILITIES – INCOME – EXPENSES II

(FOR EACH ITEM LISTED, FILL IN ONLY THE WEEKLY, MONTHLY, OR YEARLY COLUMN.)

NEEDS AND EXPENSES	WEEKLY	MONTHLY	YEARLY	AMT. LAST PAID
Rent				
Grocery, canned goods, meat				
Dairy products, bread, rolls				
Heat (coal, gas, oil)				
Electricity				E 1
Propane/bottled gas			2	
Telephone				
Clothing				
Medical, medicines				
Dental				n 43
Personal, cosmetics, haircut				
Laundry, dry cleaning				7, 7
Car insurance, registration			2	(4.0)
Gas, oil, maintenance – auto				
Spending money				
Traveling expenses				335
Life insurance			3	
Cigarettes			ř.	1,2
Union dues				2. 1
Blue Cross			÷	e e
Legal fees			<u> </u>	
208100				
OTHER EXPENSES				
Mortgage				2 1
House taxes				e e
Home insurance				77. 2
Upkeep for house				
Water bill				
				8 8
LOANS AND OBLIGATIONS				
Auto loan balance				
Auto year				
Auto make				
				72 g
TOTAL				T)
		7		
Divide monthly by 4.3		1		
Divide yearly by 52		1		
GRAND TOTAL				
g:tL: ccc/1 c = 1	32			
Signature plaintiff/defendant				
cribed and sworn to me on this	day of			